



MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
Clinical Laboratory Program
99 Chauncy Street, 2nd Floor, Boston, MA 02111
(617) 753-8439/8438 (617) 753-8240 - Fax

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CORI REQUEST FORM

Massachusetts Department of Public Health, Clinical Laboratory Program has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for clinical laboratory licensure, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

MOTHER'S MAIDEN NAME

FORMER ADDRESSES _____

SEX: _____ *HEIGHT:* _____ *ft.* _____ *in.* *WEIGHT:* _____ *EYE COLOR:* _____

STATE DRIVER'S LICENSE NUMBER: _____

****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION:* _____

REQUESTED BY:

Roberta Teixeira

SIGNATURE OF CORI AUTHORIZED EMPLOYEE